

## *Editorial Department.*

---

### MANAGEMENT OF THE INSANE.

---

THERE have been, since our latest references to this subject in the pages of the JOURNAL, numerous fresh evidences brought to light that there is need for a careful examination by duly constituted authorities, and based on this a reform of the actual practical management, in general and in detail, of our asylums for the insane. Under this head we would call the attention of our readers to the movement set on foot in the State of New York, having as its object a thorough examination into the past and present condition of the numerous asylums within the limits of that great commonwealth. It is in the form of a petition addressed to the New York Legislature, numerously signed, and a copy of which we subjoin. It is as follows :

*“To the Legislature of the State of New York :*

“The Petition of the undersigned Physicians, Lawyers, and other Citizens of the State of New York, represents as follows :

“There has lately sprung up a general and marked discontent in the public mind with regard to the management of our insane asylums. From the nature of the case, the internal mechanism of these institutions being more or less secluded from public scrutiny, it was not to be expected that the popular feeling could point to any special fault in the system as its cause. Like most popular movements, the agitation of the asylum question has, until quite recently, rested on isolated and flagrant instances of abuse, rather than on the great systemic defects of which these instances were, but the outcome.

"But within the past few years, members of the medical profession, whose studies led them to investigate asylums, without bias or prejudice, purely in the interests of medical psychology and philanthropy, have made public charges against the system of asylum supervision and asylum management in this State which are deserving of notice.

"They merit special attention for the single reason, if there were no other reasons, that those now at the head of our asylums, have been either unable or unwilling to answer their arguments, or to disprove their allegations.

"Many of these defects, medical and administrative, have been admirably and fully set forth by Dr. H. B. Wilbur in his 'Report on the Management of the Insane in Great Britain,' published in 1876 and 1877. This writer institutes a comparison between the management of the insane in the two countries which is as humiliating as it is instructive.

"The following points are among the most prominent features of the pending inquiry. Some of them rest upon exact evidence, others can be substantiated by responsible members of the medical profession, and regarding still others, strong circumstantial evidence can be adduced. It is the purpose of the projected investigation to discern how many of the questions herein set forth can be satisfactorily answered under oath. We also believe that the points referred to by these queries are of the highest importance for the welfare of the unfortunate insane.

"QUESTIONS RELATING TO THE MANAGEMENT OF ASYLUMS.

"1. How many days in the year is the Superintendent actually and really on duty in his office or in the wards?

"2. How many days in the year is the Superintendent away from his asylum engaged in private business, in medical or medico-legal consultations, attending upon courts without an order from the Attorney-General or other proper authority?

"3. Does not the State (or city), in giving the Superintendent a fair or large salary, make a contract for the use of his whole time, usual vacation excepted?

"4. How often in a week does the Superintendent see and speak to *every* patient under his charge?

"5. How many patients in the asylum are seen only once a month, or less often, by the Superintendent ?

"6. How frequently does the Superintendent make unexpected visits to his wards ? How often does he make tours between midnight and morning, to observe the symptoms of some patients, and to see how nurses and watchmen perform their duties ?

"7. How many patients are actually and really under the Superintendent's own medical treatment ?

"8. Does the Superintendent see and examine every new case immediately after admission ; and is he responsible for the registered diagnosis, and general treatment ?

"9. Does the asylum possess, and do its medical officers really use such common instruments as the thermometer, ophthalmoscope, æsthesiometer, dynamometer, sphygmograph, microscope, faradic and galvanic electrical batteries, the speculum and uterine sound, chemicals for the analysis of urine, etc. ?

"10. Is feeding by force *always* done by a medical officer or in his presence, as it should be ?

"11. Is the Superintendent consulted whenever forcible restraint is required ; and is the duration, manner and result of this mechanical restraint duly recorded in a book kept for the inspection of the Commissioner in Lunacy and of the courts ?

"12. How frequently does the Superintendent avail himself, for the benefit of his patients, of consultations with general physicians and surgeons, and gentlemen eminent in the several departments of medicine ?

"13. Do you ever employ the barbarous and injurious means of restraint known as a 'crib' ?

"14. Are undergraduates in medicine ever employed in your asylum as assistant physicians, or acting assistant physicians ?

"QUESTIONS REFERRING TO THE INSPECTION OF ASYLUMS.

"1. Does the Commissioner in Lunacy give any notice of his coming to the officials of an asylum he is about to inspect ?

"2. Has the Commissioner ever visited asylums at unusual

hours, as in the middle of the night or in the very early morning, in order to determine the usual condition of their wards?

"3. Does the Commissioner ever go about an institution without company, or at any rate without a medical or other officer whose presence can prevent free speaking on the part of attendants and patients?

"4. How frequently are inspections made in the various asylums; and how many days in the year is the Commissioner in Lunacy engaged in private business not legitimately appertaining to his office?

"5. Does not the State, in paying the Commissioner a fair salary, make a contract for his whole time, customary vacation excepted?

"6. Was the present Commissioner appointed in strict accordance with the law which requires the candidate for this position to have been a 'physician of experience'?

"Besides, your petitioners believe the following statements to be well founded. They refer to more strictly medical matters than the above-recited questions, yet we consider that if these evils exist, the State and the patients in our asylums are highly interested in their eradication.

"1. Superintendents of insane asylums are, nearly without exception, not chosen from among medical men who have pursued special studies in neurology at home and abroad, and who are well trained physicians, but from among assistant physicians of asylums who, after having been badly chosen (*vide infra*), have passed a number of years immured in an institution.

"2. Assistant physicians of asylums (future candidates for the position of superintendent) are nearly always men just issued from our too elementary medical schools; men who have not served in civil hospitals (which can be entered only by severe competitive examination); their qualifications are not submitted to any test; when in the institution they are not furnished with means of study (medical journals, books and instruments); and, inevitably, as years go by, they forget what general medicine they knew on graduating.

"3. Assistant physicians, moreover, are overworked, and

wretchedly paid. Their time is taken up by visiting too many patients, by writing interminable, useless histories of cases, and by various 'official' duties, such as talking by the hour with friends of patients, receiving visitors, etc. The largest asylum under State management (in this State) has only four assistant physicians for between six and seven hundred patients. In a general hospital, like Bellevue or the New York Hospital, every division of from forty to eighty patients is officered by one attending physician (who really sees his patients daily) and three assistants, all graduates, selected from among a crowd of the best men by a severe competitive examination. And it must be borne in mind that in general hospitals there are, as in insane asylums, very many chronic cases requiring a minimum of care. From this comparative statement it is at once evident that in spite of enormous outlays of money our insane asylums are indifferently officered.

"4. Superintendents and their assistants, with hardly an exception, are not versed in the new anatomy and physiology of the nervous system, the part chiefly concerned in insanity.

"5. Superintendents and their assistants, with hardly an exception, are not believed to be skilled in the modern methods of diagnosis and of post-mortem examination. Few of them are able to read in the original the invaluable contributions to insanity and its treatment which we owe to German and French scientific physicians for the insane.

"6. The little pathological work which has been done in our asylums at enormous cost has been of the most elementary sort, and has been ridiculed at home and abroad. With the liberal aid it receives from the State, the pathological laboratory in one of our asylums did not furnish the materials for successful competition for the great Tuke prize, for the best essay on the pathological anatomy of insanity, offered in England last year.

"7. In some of our asylums the pernicious practice of allowing undergraduates, accepted without *bona fide* examination, to act as assistant physicians, is tolerated. This is highly unjust to the patients, who have a right to medical attendance in the legal sense, and also to practitioners outside. The lunacy laws of 1874 provide that no practitioner can certify to the lunacy

of a patient unless he have been three years in the practice of his profession ; and it thus happens that this experienced physician's diagnosis and certificate are in a measure subjected to the revision and control of men who have not yet obtained their degree, or of others who have just passed from the benches of the medical school to the asylum.

"In view of the above numerous reasons for believing that there exists gross mismanagement in the medical administration of insane asylums in this State, your petitioners do respectfully request that your honorable body appoint a committee for the examination of the management of all institutions for the care of the insane in the State of New York.

"And your petitioners will always pray, etc."

These are serious statements, and it is sincerely to be hoped, whether true or not, they will be once for all taken up by the proper authorities, and the fullest opportunity given, not only to establish, but, if it can be done, to refute them. Until this is done, asylum management in this country must and will remain under painful suspicions, whether fairly or not. Various recent occurrences have only served to increase these suspicions in the public mind, whether professional or general. We would cite as instances the results arrived at in a Minnesota asylum — at one in particular in the State of Ohio, and at others, such as in Michigan, New York, Massachusetts, etc. Examples of the most grave faults of management, financial, administrative and medical, have been recently made known, which give serious emphasis to such a memorial as the one quoted above, and the particulars relating to many of which are accessible to us, but for which we have no room at present. But, in view of what is already known, we feel no hesitation in joining in the demand for a thorough investigation of the whole subject of asylum management in this country, and for devising some better means than now exist for detecting and remedying shortcomings and abuses of whatever kind. It should result in benefit, not only to such asylums as are notoriously mismanaged, but even to such as are practically above reproach.

We earnestly hope that the same earnest and intelligent

effort may be made in other States as the above petition shows is being made in the State of New York : to place asylum management on a better footing, from every point of view. We wish to see less of the one-man power in the asylums, and a more efficient and responsible system of inspection and control.

---

WE cannot, in our editorial columns, adequately notice the decease of every noted person in neurological medicine,—our space is not sufficient for that purpose; but, since our last issue, the news has come of the death of two men so worthy of special notice, for such different reasons, that we could well afford to break a custom that we have followed in the main for the past two or three years. In the case of Dr. Benedict Stilling it is only justice to do honor to his memory, for his works have had but scanty recognition as compared with their merits during his life; and though Prof. Tardieu was not, strictly speaking, a neurologist, his name is, nevertheless, so great a one in the literature of insanity, that his death cannot be passed unnoticed by us. Though known to some extent as a writer on pathological subjects, his great reputation was made in the departments of forensic and public medicine; and in this his abilities received ample recognition. It is probable that no one man was ever as much an authority in medico-legal matters before the French courts as Prof. Tardieu. The number of his separate reports on such subjects as were referred to him as expert by the tribunals had reached in 1876, when his active life may be said to have ceased, to the almost incredible number (according to Prof. Chaufford) of five thousand two hundred and thirty-nine.

Dr. Stilling was an entirely different type of an investigator from the able and brilliant Parisian professor. A practicing physician and surgeon in the little city of Cassel, he was scarcely known even to his own countrymen—or, rather, perhaps his reputation was but a vague and general one to the many—and he was properly appreciated only by the few. And yet he was one of the most accurate and extensive investigators of the microscopical anatomy of the nervous

system that has ever lived; and even his earlier works at this day are marvels of research.

His first important neurological publication, to our knowledge, was a work of several hundred pages on spinal irritation, printed in 1840. In 1842, in conjunction with another physician of Cassel, Wallach, he published his first researches on the spinal cord. In 1843 appeared his treatise on the medulla oblongata, followed in 1846 by his great work on the pons varolii, printed in Latin and German, which was specially mentioned by Schröder Van der Kolk as a remarkable monument of German industry and perseverance, while at the same time he noticed the neglect it had received from anatomists. These were followed by his still more extensive and valuable newer researches on the spinal cord, published in 1856-1859, and his similar work on the cerebellum, the first part of which made its appearance in 1870, and which has just been completed. It is difficult to characterize these works, we know scarcely anything that is at all comparable to them in many respects, considering the time of their appearance, and the other circumstances of their production.

Besides these Dr. Stilling was the author of various contributions to the medical periodical literature of his country, some of them within the past two or three years. All this literary work was done in the leisure time of a general practitioner and surgeon; he never, so far as we know, held any professional or other position especially favorable to such extended personal scientific research.

One reason for the fact that the labors of Dr. Stilling received so little recognition, at least until lately, is perhaps that which has already been suggested by Schröder Van der Kolk, viz., the magnitude and form of his publications has deterred anatomists from their examination. It is not a creditable showing that such a mine of valuable observations should have been neglected on account of its richness and extent. Perhaps a better reason is to be found in the fact, that while Dr. Stilling was pre-eminent as an observer, he was not equally great in making deductions from his observations, he made no startling and brilliant generalizations to call attention to his work, and it may be was sometimes wrong in those



that he did make. His works have been, therefore, almost a *terra incognita* to the physiological student, notwithstanding that they contain facts that are full of suggestiveness to him.

It was apparently Dr. Stilling's intention to complete the anatomy of the central nervous system in a systematic and thorough manner, and it is to be hoped that the part on the cerebrum, the only one lacking, has been left in such a form as to admit of its publication under proper supervision. But whether this be the case or not, enough has been done to make him remembered as an investigator, who, without notable advantages, was one of the most accurate and indefatigable that the world has ever known in this department; who apparently caring little for present reputation, continued to do honest and faithful work, until long after the usual period of active literary production.

In this connection we should also notice the recent death of Dr. Isaac Hays, of Philadelphia, the oldest medical editor, and indeed the oldest living editor in the United States, the news of which has just reached us as we go to press. He had been editorially connected with the *American Journal of Medical Sciences* almost or quite from its beginning, and to him is largely due the high character it has attained at the head of American medical journalism.

---

SINCE our last issue, the death of Dr. John M. Woodworth, Surgeon General of the United States Marine Hospital Service, has occurred. Dr. Woodworth had succeeded in bringing the service over which he presided to a high state of efficiency. But few knew, or ever will know, of the amount of self-sacrificing, disinterested labor he expended in the work he accomplished. He has left behind him a rare reputation as an executive officer, and for official integrity.

---

WE have received the first number of Dr. Seguin's new bi-monthly journal, the *Archives of Medicine*, published by Messrs. G. P. Putnam's Sons, New York. This is to succeed

the series of American Clinical Lectures, which has just been discontinued, and is also to be considered as a continuation of the *Archives of Scientific and Practical Medicine*, edited some years since by Dr. Brown-Sequard and the present editor. The character of the *Archives* is insured by the name of the editor, and the first issue fully meets all requirements. Its make-up, also, is one of the handsomest we have seen.

---

STEVENS' TRIENNIAL PRIZE, 1882.—This prize, established by Alexander H. Stevens, M. D., amounts to two hundred dollars. The subjects for the next prize are as follows:

- I. *Lesions of the brain, in connection with the two forms of diabetes.*
- II. *Diphtheria, in its relations to membranous croup.*

The competing essays, on either of the above subjects, should give an account of our present knowledge and also the results of personal investigation. They must be transmitted to the President of the College of Physicians and Surgeons, New York, on or before the first day of January, 1882. Each essay must be designated by a device or motto, and must be accompanied by a sealed envelope, bearing the same device or motto, and containing the name and address of the author. The envelope belonging to the successful essay will be opened, and the name of the author announced at the annual commencement of the above-named College, in March, 1882.

This prize is open for universal competition.

J. C. DALTON, M. D.,  
Secretary of the Commission.

---

WITH the present month Dr. W. A. Hammond, one of our associate editors, announces a new neurological quarterly devoted entirely to the publication of original articles, and entitled *Neurological Contributions*.

ON account of the slowness and difficulty in getting authors' proofs of articles, and some other causes, the JOURNAL has not appeared on time. Such delay in its appearance must seldom occur.

---

ON account of the press of matter into the first department of the JOURNAL we have been obliged to omit several reviews until the next issue.

---